

NC-TOPPS Mental Health and Substance Abuse

Child (Ages 6-11) Transfer/Episode Completion Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the individual:

1. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports.

☐ Child Mental Health, age 6-11

4. Individual County of Residence:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. IPRS Target Populations

(mark all that apply)

- | | |
|--------------------------------|--|
| <input type="checkbox"/> CSMAJ | <input type="checkbox"/> CMSKD |
| <input type="checkbox"/> CSSAD | <input type="checkbox"/> CMMED |
| <input type="checkbox"/> CSIP | <input type="checkbox"/> CMDEF |
| <input type="checkbox"/> CSSP | <input type="checkbox"/> CMPAT |
| <input type="checkbox"/> CSWOM | <input type="checkbox"/> CDECI |
| <input type="checkbox"/> CSCJO | <input type="checkbox"/> CDSN |
| <input type="checkbox"/> CSDWI | <input type="checkbox"/> None of the above |

6. Is this consumer "Transferring to another program or facility" or is this an "Episode Completion"?

☐ Transferring to another program or facility → (skip to 7)

☐ Episode Completion

b. If "Episode Completion," please indicate reason: (mark only one)

- | |
|--|
| <input type="checkbox"/> Completed treatment |
| <input type="checkbox"/> Discharged at program initiative |
| <input type="checkbox"/> Refused treatment |
| <input type="checkbox"/> Consumer did not return as scheduled within 60 days |
| <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Institutionalized |
| <input type="checkbox"/> Died |

7. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview?

☐ Y ☐ N → (skip to 8)

b. Current Global Assessment of Functioning Score:

--	--

8. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

9a. First MH Treatment Date (for this episode of treatment)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9b. Date of Last Billable Service

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9c. Date of Last Face-to-Face Contact:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Special Populations (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Traumatic Brain Injury (TBI) | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Sex offender |
| <input type="checkbox"/> DSS custody | <input type="checkbox"/> Outpatient commitment |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> Child discharged from state-operated facility |
| <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Therapeutic Foster Care |
| <input type="checkbox"/> Sexually Reactive Youth | <input type="checkbox"/> None of these |

11. Special Programs (mark all that apply)

- | |
|---|
| <input type="checkbox"/> Multi-Systemic Therapy (MST) |
| <input type="checkbox"/> Intensive in-home |
| <input type="checkbox"/> Methamphetamine Treatment Initiative |
| <input type="checkbox"/> None of these |

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' answer 12.

12. How many weeks ago was the consumer last seen for treatment?

- | | |
|--|--|
| <input type="checkbox"/> Past week | <input type="checkbox"/> 5-8 weeks ago |
| <input type="checkbox"/> 2-4 weeks ago | <input type="checkbox"/> More than 8 weeks ago |

13. Since the last interview, the consumer has attended scheduled treatment sessions...

- | |
|--|
| <input type="checkbox"/> Rarely or never |
| <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> All or most of the time |

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14. Since the individual started services for this episode of treatment, which comprehensive services has the (a) individual received and (b) which are still needed in the following areas?

a. Received b. Still Needed

	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1. Educational improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Family and/or peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Psychological/emotional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Screening for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Treatment referral for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Interpreter (deaf or foreign language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Appropriate living setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Housing (basic shelter or rent subsidy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. In the past 3 months, has the individual's family or guardian been involved in any contact with staff concerning any of the following? (mark all that apply)

- ☐ Treatment services
☐ Person-centered planning
☐ None of the above → (skip to 16)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 15b, 15c and 16.

b. In the past 3 months, how often has the individual's family or guardian been involved in any contact with staff?

- ☐ Once a week or more
☐ Twice a month or more
☐ Once a month
☐ Less than once a month

c. This contact was mostly....

- ☐ Face-to-face ☐ By telephone ☐ Both

16. If "None of the above" is answered on questions 15, please specify a reason why no family members or guardian have been involved in person-centered planning or treatment services: (mark all that apply)

- ☐ Consumer has no family or guardian
☐ Consumer declines family involvement
☐ Family declines to be involved
☐ Scheduling conflicts
☐ Other _____

Section II: Complete items 17-36 using information from the individual's interview (preferred) or consumer record

17. How are items 18-36 being gathered? (mark all that apply)

- ☐ In-person interview (preferred)
☐ Telephone interview
☐ Clinical record/notes

18. Who is the respondent? (mark all that apply)

- ☐ Parent
☐ Guardian
☐ Other

19. Does your child and/or family ever have difficulty participating in treatment because of problems with...

- ☐ No difficulties prevented your child from entering treatment
☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
☐ Active substance abuse symptoms (addiction, relapse)
☐ Physical health problems (severe illness, hospitalization)
☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
☐ Cost or financial reasons (no money for cab, treatment cost)
☐ Stigma/Embarrassment
☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
☐ Legal reason (incarceration, arrest)
☐ Transportation/Distance to provider
☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

20. Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

- ☐ Y ☐ N → (skip to 21)

b. If **yes**, what programs are your child currently enrolled in for credit? (mark all that apply)

- ☐ Alternative Learning Program (ALP) - at-risk students outside standard classroom
☐ Academic schools (K-12)

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21. For K-12 only:

- a. What grade is your child currently in?
- b. Since beginning treatment, your child's school attendance has...
☐ improved ☐ stayed the same ☐ gotten worse
- c. For your child's most recent reporting period, what grades did s/he get most of the time? (mark only one)
☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system
- d. If school does not use traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time? ☐ Pass ☐ Fail

22. For K-12 only: In the past 3 months, how many days of school has your child missed due to...

- a. Expulsion
- b. Out-of-school suspension
- c. Truancy
- d. Is your child currently expelled from regular school?
☐ Y ☐ N

23. In the past 3 months, how often did your child participate in ...

- a. extracurricular activities?
☐ Never ☐ A few times ☐ More than a few times
- b. support or self-help groups?
☐ Never ☐ A few times ☐ More than a few times
- c. organized religious activities?
☐ Never ☐ A few times ☐ More than a few times

24. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?

- ☐ Never ☐ A few times ☐ More than a few times

25. In the past month, how would you describe your child's mental health symptoms?

- ☐ Extremely severe ☐ Severe ☐ Moderate ☐ Mild ☐ Not present

26. Does your child have a current prescription for psychotropic medications? ☐ Y ☐ N → (skip to 27)

- b. In the past month, how often has your child taken this medication as prescribed?
☐ All or most of the time → (skip to 27)
☐ Sometimes
☐ Rarely or never
- c. If sometimes or rarely/never, what are some of the reasons that your child did not take his/her medication(s) all or most of the time? (mark all that apply)
☐ Trouble in remembering to take medication(s)
☐ Too many medication(s)
☐ Negative side effects of medication(s)
☐ High cost of medication(s)
☐ Do not feel need for medication(s)
☐ Forgot injection appointment
☐ No transportation to injection appointment
☐ Other

27. In the past 3 months, how many times has your child moved residences? (enter 0, if none & skip to 28)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 27b.

- b. What was the reason(s) for your child's most recent move? (mark all that apply)
☐ Moved closer to family/friends
☐ Moved in with roommate
☐ Moved to nicer location
☐ Moved to safer location
☐ Needed more supervision
☐ Needed more supports
☐ Moved to location with more independence
☐ Moved to location with better access to activities and/or services
☐ Evicted
☐ Could no longer afford previous location
☐ Other

28. Currently, where does your child live?

- ☐ Homeless → (skip to b)
☐ Residential program → (skip to d)
☐ Temporary housing → (skip to c)
☐ Facility/institution → (skip to e)
☐ In parent's/guardian's home/apt ☐ Other → (skip to 29)
→ (skip to 29)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 28b, 28c, 28d, and 28e.

- b. If homeless, please specify your child's living situation currently.
☐ Sheltered (homeless shelter)
☐ Unsheltered (on the street, in a car, camp)
- c. If temporary housing, please specify the type of temporary housing your child currently lives in.
☐ Transitional housing (time-limited stay)
☐ Living temporarily with other(s)
- d. If residential program, please specify the type of residential program your child currently lives in.
☐ Foster home
☐ Therapeutic foster home
☐ Level III group home
☐ Level IV group home
☐ State-operated residential treatment center
- e. If facility/institution, please specify the type of facility your child currently lives in.
☐ Psychiatric Residential Treatment Facility (PRTF)
☐ Public institution
☐ Private institution
☐ Correctional facility

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<p>29. Was this living arrangement in your child's home community? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>39. Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have? (i.e., member of clergy, neighbor, family member, coach) <input type="checkbox"/> None <input type="checkbox"/> 1 or 2 <input type="checkbox"/> 3 or more</p>																				
<p>30. In the past 3 months, has your child received any residential services outside of his/her home community? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>40. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt? <input type="checkbox"/> Never → (skip to 41) <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times b. By whom was your child physically hurt? <i>(mark all that apply)</i> <input type="checkbox"/> Parent <input type="checkbox"/> Peer (other child) <input type="checkbox"/> Sibling <input type="checkbox"/> Gang member(s) <input type="checkbox"/> Other adult <input type="checkbox"/> Don't know</p>																				
<p>If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 31.</p> <p>31. In the past 3 months, <u>who</u> did your child live with most of the time? (mark all that apply) <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Foster family</p>	<p>41. In the past 3 months, how often has <u>your child</u> hit, kicked, slapped, or otherwise physically hurt someone? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times</p>																				
<p>32. In the past 3 months, <u>who</u> was your child's primary caregiver? (mark only one) <input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Other</p>	<p>42. In the past 3 months, has your child been forced or pressured to do sexual acts? <input type="checkbox"/> Y <input type="checkbox"/> N</p>																				
<p>33. In the past 3 months, has your child used tobacco or alcohol? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know</p>	<p>43. Since the last interview, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times</p>																				
<p>34. In the past 3 months, has your child used illicit drugs or other substances? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know</p>	<p>44. Since the last interview, how often has your child had thoughts of suicide? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Don't know</p>																				
<p>35. In the past month, how many times has your child been in trouble with the law? <i>(enter 0, if none)</i></p>	<p>45. Since the last interview, has your child attempted suicide? <input type="checkbox"/> Y <input type="checkbox"/> N</p>																				
<p>36. Is your child currently under any type of juvenile justice supervision? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>46. In the past 3 months, how well has your child been doing in the following areas of his/her life?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Excellent</u></th> <th style="text-align: center;"><u>Good</u></th> <th style="text-align: center;"><u>Fair</u></th> <th style="text-align: center;"><u>Poor</u></th> </tr> </thead> <tbody> <tr> <td>a. Emotional well-being_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Physical health_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Relationships with family_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	a. Emotional well-being_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical health_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Relationships with family_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Section III: Complete items 37-49 from the individual's interview <u>only</u></p>																					
<p>37. Is the respondent present for in-person or telephone interview? <input type="checkbox"/> Y - Complete items 38-49 <input type="checkbox"/> N - Stop here</p>	<p>47. In the past 3 months, how well has your child been doing in the following areas of his/her life?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Excellent</u></th> <th style="text-align: center;"><u>Good</u></th> <th style="text-align: center;"><u>Fair</u></th> <th style="text-align: center;"><u>Poor</u></th> </tr> </thead> <tbody> <tr> <td>a. Emotional well-being_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Physical health_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Relationships with family_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	a. Emotional well-being_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical health_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Relationships with family_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>38. Does your child have an identified public or private primary health care provider? <input type="checkbox"/> Y <input type="checkbox"/> N → (skip to 39) b. When was the last time your child saw this provider? <input type="checkbox"/> Within the past year <input type="checkbox"/> Within the past 2 years <input type="checkbox"/> Within the past 5 years <input type="checkbox"/> More than 5 years ago</p>	<p>48. In the past 3 months, how well has your child been doing in the following areas of his/her life?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Excellent</u></th> <th style="text-align: center;"><u>Good</u></th> <th style="text-align: center;"><u>Fair</u></th> <th style="text-align: center;"><u>Poor</u></th> </tr> </thead> <tbody> <tr> <td>a. Emotional well-being_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Physical health_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Relationships with family_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	a. Emotional well-being_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical health_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Relationships with family_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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47. In the past 3 months, approximately how many...

a. **telephone** contacts to an emergency crisis facility did your child have?

b. **face-to-face** contacts to an emergency crisis facility or mobile crisis unit did your child have?

c. **visits** to a hospital emergency room did your child have?

e. **nights** in a facility-based crisis service did your child spend?

f. **nights** in facility-based respite did your child spend?

g. **nights** in an inpatient facility for mental health treatment did your child spend?

h. **nights** in a medical/surgical hospital did your child spend?

i. **nights** homeless (sheltered or unsheltered) did your child spend?

j. **nights** in juvenile detention or youth development center did your child spend?

48. What kind of health/medical insurance does your child have? (mark all that apply)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Private insurance/health plan | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> CHAMPUS or CHAMPVA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Choice | <input type="checkbox"/> Unknown |

49. How helpful have the program services been in...

- a. improving the quality of your child's life?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA
- b. decreasing your child's symptoms?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA
- c. increasing your child's hope about the future?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA
- d. increasing your child's control over his/her life?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

End of interview

Enter data into web-based system:

<https://nctopps.ncdmh.net>

Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)